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DARBY & DARBY P.C.**PHONE:** 212-527-7764**PAGES (Including Cover Sheet):** 14**CONTENTS:**REVOCATION OF POWER OF ATTORNEY AND APPOINTMENT OF NEW POWER OF
ATTORNEY DOCUMENTS, INCLUDING STATEMENT UNDER 37 CFR 3.73(b) FOR
VARIOUS U.S. PATENTS AND PATENT APPLICATIONS.**PLEASE DELIVER TO TECHNOLOGY CENTER 1600**

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PTO/SB/97 (12-97)

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1. Revocation of Power of Attorney and Appointment of New Power of Attorney and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 10/424,212 (2 pages)
2. Revocation of Power of Attorney and Appointment of New Power of Attorney and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 10/391,110 (2 pages)
3. Revocation of Power of Attorney and Appointment of New Power of Attorney and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 10/678,767 (2 pages)
4. Revocation of Power of Attorney and Appointment of New Power of Attorney and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 10/623,431 (2 pages)
5. Revocation of Power of Attorney and Appointment of New Power of Attorney and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 10/623,378 (2 pages)
6. Revocation of Power of Attorney and Appointment of New Power of Attorney and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 10/628,141 (2 pages)

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PTO/SB/82 (08-03)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/623,431-Conf. #4067
	Filing Date	July 18, 2003
	First Named Inventor	Jay D. Kranzler
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	20269/1201776-US2

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 07278
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:
07278

OR

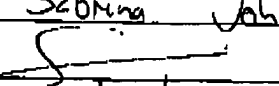
<input type="checkbox"/> Firm or Individual Name	DARBY & DARBY P.C. S. Peter Ludwig				
Address	P.O. Box 5257				
City	New York				
Country	US	State	NY	Zip	10150-5257
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Sabina Johnson		
Signature			
Date	12/15/04	Telephone	858 952 2333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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PTO/SB/98 (08-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Jay D. Kranzler et al.Application No./Patent No.: 10/623,431 Filed/Issue Date: July 18, 2003Entitled: METHODS OF TREATING FIBROMYALGIA SYNDROME, CHRONIC FATIGUE SYNDROME AND PAINCypress Bioscience, Inc., a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %

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- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012773 Frame 0222, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

12/15/04
Date858 452 2323
Telephone NumberSabrina Johnson
Typed or printed name[Signature]
SignatureAuthorized Signer for Assignee
Title CFO

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